

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 448.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 13585	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	
Name: Steve	Woody
P.O. Box, Bldg., Room No., if any:	
Street: 1605 Barton Drive	10226 E. 1400 North Road
City: Normal	Bloomington
State: Illinois	ZIP Code + 4: 61761
State: Illinois	ZIP Code + 4: 61764-5195
5. Position in labor organization: District A Representative, 2nd Shift	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income. [Redacted]
6. Name and address of Employer (including trade name, if any).	7.b. Amount. [Redacted]
Name: [Redacted]	
Trade Name, if any: [Redacted]	
P.O. Box, Bldg., Room No., if any: [Redacted]	
Street: [Redacted]	
City: [Redacted]	
State: [Redacted]	ZIP Code + 4: [Redacted]

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stephen J. Woody

On

8/16/05

Date

309-862-1713

Telephone Number

Name of Person Filing Steve Woody

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: Katz, Friedman, Eagle, Eisenstein & Johnson

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: 77 West Washington St., 20th Floor

City: Chicago

State: Illinois ZIP Code + 4: 60602-2983

14.a. Nature of payment.

09/25/2004 - Per diem - Clickety

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$50